MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00954

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Clementine St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural give location) Clementine St.

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) ROSS (Last) COLLINS

4. DATE OF DEATH: (Month) January (Day) 2, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 25, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Collins

14. MOTHER'S MAIDEN NAME: Elizabeth ????

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Elizabeth Collins, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 years.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1949, to Jan 2, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles W. Trader MD | Pocomoke City Md | 1-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Jan 6, 1950 | NAME OF CEMETERY OR CREMATORY: Private Family Cemetery | LOCATION (City, town, or county) (State): Stockton, Md.

DATE REC'D BY LOCAL REG.: Jan. 5, 1950 | REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson | ADDRESS: Pocomoke, Md.

98K1

RECEIVED
JAN 9 1950
BUREAU V. S.

00955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) S. Main St.

3. NAME OF DECEASED (Type or Print) (First) Delos. (Middle) A. (Last) Cutright.
4. DATE OF DEATH (Month) Jan. (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 21, 1875
9. AGE last birthday 74 yrs. If under 1 year: Months 0, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sago, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Granville H. Cutright
14. MOTHER'S MAIDEN NAME Elizabeth Jane Beer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Lawrence Cutright Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X Immediate cause (a) Myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Jan 10, 1950, that I last saw the deceased alive on Jan 10, 1950, and that death occurred at 6 H m., from the causes and on the date stated above.

SIGNATURE Clifford E. Dehott (Degree or title) MD ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/12/50
NAME OF CEMETERY OR CREMATORY Parson's Cem.
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 1-11-50
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

21099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1950
BUREAU V. T.

00956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # I

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural, give location) R.D. # I

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Lloyd (Last) Dykes

4. DATE OF DEATH (Month) Jan. (Day) 2, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June II, 1884

9. AGE last birthday 65 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector of Steam Mills

10b. KIND OF BUSINESS OR INDUSTRY Inspector

11. BIRTHPLACE (State or foreign country) R.D. # I Eden Md.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William H. Dykes

14. MOTHER'S MAIDEN NAME Elizabeth Shockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. 220-01-9943

17. INFORMANT AND ADDRESS William S. Dykes (son) Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	Few min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	11 mos.
	(c)	

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1949, to Jan. 2, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE T. R. Huntable Jr. Md. (Degree or title) ADDRESS Princess Anne, Md. DATE SIGNED Jan. 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Jan. 4, 50

NAME OF CEMETERY OR CREMATORY Zion Cemetery

LOCATION (City, town, or county) (State) Near Fruitland Md.

DATE REC'D BY LOCAL REG. 1/4/1950

REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

318 V9

Hackbetable

RECEIVED
JAN 9 1950
BUREAU V. S.

00957

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Md
STREET ADDRESS (If rural, give location) 2 Covington St

3. NAME OF DECEASED (Type or Print) (First) Dena (Middle) Esther (Last) Fisher
4. DATE OF DEATH (Month) Jan (Day) 12 (Year) 1950

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb 1929
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home family
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Worcester Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Myrtle Ewell
14. MOTHER'S MAIDEN NAME Viola Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Joseph Fisher — (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Conflagration — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

916.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (House burned)

180

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deceased was a Cripple

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Snow Hill (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Jan (Day) 12 (Year) 1950 (Hour) 6:25 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐ Asleep
HOW DID INJURY OCCUR? House afire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE P. E. Cartomes (Degree or title) D.P. Med Exam ADDRESS Pocomoke City Md DATE SIGNED 1/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Bud
DATE THEREOF Jan. 14/50
NAME OF CEMETERY OR CREMATORY Cool Springs
LOCATION (City, town, or county) Bud Lettuce (State) Md

DATE REC'D BY LOCAL REG. 1/14/50
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alley Bozzuma Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00958

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Linda (Middle) Lou (Last) Gause

4. DATE OF DEATH (Month) Jan (Day) 29. (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant.
8. DATE OF BIRTH June 29, 1949.
9. AGE last birthday yrs. If under 1 year Months 6 Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Selbyville, Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Gause
14. MOTHER'S MAIDEN NAME Alice Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Joseph Gause Bishop, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial Asthma	2 or 3 days
241 X Antecedent cause(s)		
112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1950, to Jan 29, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE Robert J. Long (Degree or title) M.D. ADDRESS Frankford Del DATE SIGNED 1-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE Dec 31 1950 NAME OF CEMETERY OR CREMATORY Longs Chapel LOCATION (City, town, or county) Selbyville (State) Del

DATE REC'D BY LOCAL REG. Feb. 1, 1950 REGISTRAR'S SIGNATURE Mrs. H. R. Burgey
24. FUNERAL DIRECTOR M. Pasha Watson ADDRESS Selbyville, Del

9-R-6-29-9-000-00-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1950
BUREAU OF S.

00959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:
County: Worcester
City or town: Selbyville Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Selbyville, Del. Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Wallace Washington Handy

3.(b) Social Security Number: 221-09-2816

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	Married

6.(b) Name of husband or wife: Raddie Handy
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 23, 1902

8. AGE:

Years	Months	Days	If less than one day
47	1	14	hrs. min.

9. Birthplace: Delaware
(Town, county, and state)
10. Usual occupation: Truck Driving - Laborer
11. Industry or business:
FATHER 12. Name: George F. Handy
13. Birthplace: Del.
MOTHER 14. Maiden name: Annie Walters
15. Birthplace: Md.
16. Informant: Raddie Handy
Address: Selbyville, Del.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 11, 1950 (month) (day) (year)
Cemetery or crematory: Long's cemetery
Location: near Selbyville, Del.
18. Funeral director: Henry H. Watson
Address: Pocomoke City, Md.
19. 1-10 1950 (Date rec'd by registrar) Mrs. Hilda Ryan (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 7 1950, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1948, to Jan 7 1950
and that I last saw him alive on Jan 7 1950

Immediate cause of death	DURATION
Coronary thrombosis	24 hrs.
Due to: Hypertensive cardio-vascular disease	3 yrs
Due to:	
Other conditions: 4201	
93d (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert Young M. D. or other
Address: Frankford Del. Date signed: 1-9-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 13 1950
BUREAU V. T.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00960

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:
Home

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Fred Brantley Johnson.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	married

6.(b) Name of husband or wife: Susie Marie Johnson

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Dec 5, 1774,

8. AGE:

Years	Months	Days	If less than one day
75	1	15	...hrs. ...min.

9. Birthplace: Leemont Va
(Town, county, and state)

10. Usual occupation: Dealer in stock

11. Industry or business

FATHER — 12. Name: A Thomas Johnson.

13. Birthplace: Accomack County

MOTHER — 14. Maiden name: Mary Marie Core,

15. Birthplace: Pastura Va.

16. Informant: Susie M. Johnson

Address: Accomac Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22, 1950, (month) (day) (year)

Cemetery or crematory: Parksley Civil City

Location: Parksley Va.

18. Funeral director: R Lee Johnson

Address: Parksley, Va.

19. Jan 20, 1950 (Date rec'd by registrar) Anne E White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 20 January, 1950, at 6:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 June, 1949, to 9 December, 1950

and that I last saw h.r.m. alive on 9 December, 1950

Immediate cause of death: Unknown — DURATION

Due to: —

Due to: (1) Hypertension C-V-Disease — Years
(2) Chronic Uremia - Nitrit-Lowen Etc Severe — Years
Other conditions: (3) Arteriosclerosis, chronic — Years
(4) Anemia Mild Moderate — Years

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Norman E. Sartorius Jr. M.D. or other

Address: Pocomoke City, Md Date signed: 20 Jan. 50.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00961

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Wisconsin COUNTY Milwaukee
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Milwaukee
STREET ADDRESS 942 N. 31 St (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) CHESTER (Last) MACKAY

4. DATE OF DEATH (Month) (Day) (Year) January 4 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Oct 6, 1869

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Accounting

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter S. Mackay

14. MOTHER'S MAIDEN NAME Hariett Courtright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Raymond C. Mackay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 Immediate cause (a) Cancer of the Prostate — Interval Between Onset and Death: 1 year

51 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to Jan. 4, 1950, that I last saw the deceased alive on Jan. 4, 1950, and that death occurred at 6.18 p.m., from the causes and on the date stated above.

SIGNATURE Charles N. Trader (Degree or title) MD ADDRESS Pocomoke City Md DATE SIGNED 1-5-50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Jan 6, 1950 — NAME OF CEMETERY OR CREMATORY Red Bank Cemetery — LOCATION (City, town, or county) (State) Stowe, Vermont

DATE REC'D BY LOCAL REG. Jan. 5, 1950 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

VS. A15

210-93

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00962

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
LENGTH OF STAY (in this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City.
STREET ADDRESS (If rural, give location): Philadelphia Ave.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Mae (Last) Matthews

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 8, 1891

9. AGE last birthday: 58 yrs. — If under 1 year: Months. 3 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Millsboro Del.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Curtis Joynes.

14. MOTHER'S MAIDEN NAME: Lavinia Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Hunter Matthews Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan., 1950, to Jan. 9, 1950, that I last saw the deceased alive on Jan. 9, 1950, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: Nathaniel R. Thomas — (Degree or title): M.D. — ADDRESS: Ocean City Md. — DATE SIGNED: 10 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: 1/13/50 — NAME OF CEMETERY OR CREMATORY: Red Mens — LOCATION (City, town, or county) (State): Millsboro Del.

DATE REC'D BY LOCAL REG. 1-10-50 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 1-10-50

24. FUNERAL DIRECTOR: Dana A. Burbage — ADDRESS: Berlin Md

RECEIVED
JAN 13 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00963

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 708 Second St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) BRATTEN T. PUSEY

4. DATE OF DEATH (Month) (Day) (Year) January 8, 1950

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED (Specify)
8. DATE OF BIRTH Jan 4, 1883
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signal Foreman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew J. Pusey
14. MOTHER'S MAIDEN NAME Ellen ????

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. H. B. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease Instantly

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Gastritis 13 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1950, to Jan 8, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE N. E. Artemis M.D. (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 1/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 10, 1950
NAME OF CEMETERY OR ~~CREMATORY~~ Salem Methodist Cem
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. Jan. 10, 1950
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

46247

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JAN 12 1950
BUREAU V. S.

Dr. Huckitable

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00964

CERTIFICATE OF DEATH

Reg. Dist. No. 35/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Worcester — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # I	STREET ADDRESS (If rural, give location): R.D. # I

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	Esther	Richardson	Jan.	29	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	April 1900	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		R.D. #I Eden Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harvey W. Townsend	Alice E. Denston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Roger F. Richardson (Husband) same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
170 V Immediate cause (a) Failure of Vital Centers	Seconds.
Antecedent cause(s) 50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Widespread metastatic lesions- cancer	3-4 yrs.
(c) Carcinoma of right breast	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 20, 1949, to Jan 29, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 6:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. R. Huckitable Jr.	M.D.	Princess Anne, Md.	1-30-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 1-50	Olivet Cem.	Worcester Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/31/1950	LeRoy Smith	Holloway & Company - Salisbury, Md.	

Walter R. Holloway

VS-A15

RECEIVED
FEB 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00965

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop. LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Savage

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 16, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Bishopville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Savage

14. MOTHER'S MAIDEN NAME: Margaret Hearn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Clifford Cooper. Bishop Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Hemorrhage — 2 weeks
(c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1949, to 1/10, 1950, that I last saw the deceased alive on 1/10, 1950, and that death occurred at 2:34 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
I. F. O'Donnell M.D. Berlin, Md. 1/11/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE: 1/13/50. NAME OF CEMETERY OR CREMATORY: I.O.O.F. LOCATION (City, town, or county) (State): Bishopville, Md.

DATE RECD BY LOCAL REG. 1/12/50. REGISTRAR'S SIGNATURE: Mrs. L. R. Bergey Jr.

24. FUNERAL DIRECTOR: M. Pasha Watson ADDRESS: Selbyville Del.

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RECEIVED
JAN 17 1950
BUREAU OF

00966

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bishopville; LENGTH OF STAY (In this place) 5 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Boyds Md; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bishopville; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) Stuart (Last) Wilson

4. DATE OF DEATH: (Month) 1 (Day) 21 (Year) 1950

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/9/1935

9. AGE last birthday: 14 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Thurlow Wilson

14. MOTHER'S MAIDEN NAME: Frances Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Ernest Wilson Mother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Strangulation by Hanging — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Undetermined as to Suicide or Accident

(c): Hypostatic bronchopneumonia and Typhoid Cirrhosis of Liver

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rural Near Stone (CITY OR TOWN) Worcester (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 1 21 '50 3 P m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Deceased hung himself.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. E. Eastones M.D. (Degree or title) | ADDRESS: Del Mar Pocomoke City Md | DATE SIGNED: 1/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Jan 24, 1950 | NAME OF CEMETERY OR CREMATORY: Laurel Hill | LOCATION (City, town, or county): Laurel (State): Del

DATE REC'D BY LOCAL REG.: 1-30-50 | REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Anna E. Bunting | ADDRESS: Berlin Md

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FEB 2 1950
BUREAU V. S.